



**SUMTER CITY-COUNTY
BUILDING INSPECTION DEPARTMENT
POST OFFICE BOX 1449 12 WEST LIBERTY STREET
SUMTER, SC 29151 (803) 774-1600**



SIGN PERMIT APPLICATION

Permit Number _____

Jurisdiction ☐ City ☐ County ☐ Mayesville ☐ Pinewood

Applicant _____
Name _____ Phone _____

Applicant's Address _____
Street _____ City _____ State _____ Zip _____

Owner _____ **Name On Sign** _____
Name _____ Phone _____

Owner's Address _____
Street _____ City _____ State _____ Zip _____

Contractor _____
Name _____ Phone _____

Contractor's Address _____
Street _____ City _____ State _____ Zip _____

Contractor's License Number _____ **Total Cost** \$ _____
*Sign & Installation (Attach copy of contract)

Square Feet of Sign _____ **Property Address** _____

Tax Map _____ **Front Wall Dimensions (Width & Height)** _____

Linear Ft. of Property Frontage _____ **Building Square Footage** _____
Illuminated ☐ Yes ☐ No ☐ Illuminated Electrical Permit Application Required
 ☐ Existing

Existing Signs **Number** _____ **Type** _____ **Size** _____

Nature of Work ☐ Change Face of Sign Only ☐ Alterations ☐ Repair ☐ New Construction

Type of Sign ☐ Free-Standing (On-Premise Business ID) ☐ Wall or Flat ☐ Roof ☐ Projecting
 ☐ Free-Standing (Billboard) ☐ Awning ☐ Marquee ☐ Other

Construction Type ☐ Wood Frame ☐ Steel Frame ☐ Brick ☐ Block ☐ Other

Does this sign have flashing lights/changes, messages, etc.? ☐ Yes ☐ No

Note: 4 On-premise, free-standing business identification signs shall not exceed 30 feet in height.
4 Off-premise, free-standing signs shall not exceed 35 feet in height (100 feet within 600 feet of I-95)
or be located closer than 10 feet to any property line.

Note: The Acceptance of this application for review and the payment of fees does not constitute the approval of this application. Approval is granted only upon the receipt of a permit. **THIS APPLICATION IS NOT A PERMIT.**
The above statements and accompanying material are complete and accurate.

Print Name _____

Signature _____

Date _____

Print Name

Signature

Date

OFFICE USE ONLY:

Permit Fee _____ Zoning District _____

Tax Map Number _____ SIC Code _____

Minimum Setbacks Front _____ Rear _____

Side (E) _____ Side (I) _____

Street Right-of Way _____

Flood Hazard Area ☐ Yes ☐ No Base Flood Elevation _____

Overlay District ☐ HP/CBD ☐ APZ ☐ DNL ☐ NA (Noise Attenuation ☐ Swan Lake ☐ RCD ☐ None

Cross Street Info. Between _____ and _____ Street

Zoning Compliance Checklist:

| | | |
|---------------------------------|-----------------------------------|-------------------------------------|
| Meets Minimum Setbacks Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within Maximum Size Allowed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Within Maximum Height Allowed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meets Visual Clearance Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sign Illumination | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If Yes) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Electrical Connection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If Yes) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Landscaping Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (If Yes) | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |

Comments _____

Planning Official: _____ Building Official: _____

Drawing of Sign

(Include Height and Dimensions, Foundation Drawings, or Footing Dimensions of Sign)

